PLACE OF THE		
1. County of	ARIZONA STATE BOA	ARD OF MEALTH
District of	BUREAU OF VITAL STATISTICS	State Index No.
₽	RIGINAL CERTIFICATE OF BIRTH	County Registrar No.
Yown of		Local Registrar No. 6/
or Handen	No	
City of (If	birth occurred in a hospital or institution, give	its NAME instead of street and number)
. Full name of child	ho) The	if child is not yet named, make supplemental report, as directed.
	. Twin, triplet or other 6. Legina to?	7. Date 8 2.3 /917
in event of plural	Tes	of bleth
births.	No., in order of birth	Month day year
s. PATHER	Class While	Wann Mase
Full name 100 do mero	Full maiden name	5
11	15. Residence	
9. Residence (Usual place of abode)	(Usual place of	abode) Hayden
If nonresident, give place and state	If nonresident, give	place and state
10- Color or race	16. Color or race	
	a Mer	37
il. Age at last birt	hday 3.6.(Years)	17. Age at last birthday(Years)
ho	18. Birthplace (city or	place) Mex
12. Birthplace (city or place)	(State or country	
(State or country)	-	11 0.
13. Occupation	19. Occupation	$\mathcal{N} \cdot \mathcal{N}$
Nature of industry	Nature of industry	
). Number of children of this mother (a)	il i2t Wera	precautions taken against sph-
	Born alive and now living 21. Were thain	nia necestorum?
prtified and including this child.) (c)	Stillborn	790
CERTIFICATE	OF ATTENDING PHYSICIAN OR MI	IDWIFE*30
hereby certify that I attended the birth of this	s child, who was (Born alive or stillborn.)	at
*When there was no attending physician or	0	2. Parl
midwife, then the father, householder, etc., should make this return. A stillborn child	Signature	(Physician or midwife)
is one that neither breathes nor shows other syldences of life after birth.	Address	uder aris
iven name added from		1577 DAL
supplemental report		Local Registrar.
	Filed Edity 19	County Registrar.
Registrar.	19-872-E19	County Registrat.
6.	39-823-519	and the same of th
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